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An evaluation of the impacts of the C2bMe@home program on clients' wellbeing

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RESEARCH REPORT PREPARED TO UNITING NSW.ACT

November 2021

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ACKNOWLEDGMENTS

We wish to acknowledge Uniting NSW.ACT for being proactive in seeking an independent evaluation of their C2bMe@home program – this demonstrates care and an intent to always provide the best possible services to their (often vulnerable) clients. We wish to thank, in particular, South Eastern NSW staff involved in the C2bMe@home program for wholeheartedly supporting this evaluation and being open to receiving feedback. Again, it demonstrates their professionalism and great care for the wellbeing of their clients. We are grateful also to all participants in this study who shared their experiences and knowledge with us during the course of the project; this evaluation would not have been possible without them.

ABOUT THE AUTHORS

Dr Arianne Reis is a Senior Lecturer in the School of Health Sciences at Western Sydney University who specialises in mental health and wellbeing. Dr Reis has extensive training and experience in both quantitative and qualitative research and has authored more than 60 peer-reviewed research papers, including journal articles, book chapters and research reports. She has worked in the field of health sciences for more than 10 years and has led several research projects in the field of health promotion and public health, working particularly with vulnerable populations. Dr Reis has been the lead investigator on numerous research grants, all of which working in collaboration with industry partners to ensure the translation of research into practice that makes a difference in the “real world”, leading to best practice in health care. Dr Reis' research interests and outputs reflect a wide engagement and interest in social justice and community wellbeing, and has focused on vulnerable populations, such as refugees, low-income communities, aged care residents, veterans experiencing PTSD and depression, people experiencing alcohol and drug abuse, transsexual women, among others.

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EXECUTIVE SUMMARY

The project aimed to evaluate the impact of the Continuing to Be Me program in improving wellbeing of elderly participants who continue to live in their own homes (C2bMe@home). The study involved a mixed-methods approach to data collection, involving two distinct phases: interviews with C2bMe@home program clients and a survey with referrers to the program. In total, 14 referrers participated in the survey and 10 clients were interviewed.

Main findings are summarised below:

- ❖ The rapid referral process is one of the major strengths of the program. Systems could be further improved by minimising the paperwork involved in the assessment processes.
- ❖ Counsellors' personal traits were vital for effective counselling. Clients quickly learned to trust their counsellor even after initial hesitation.
- ❖ The counselling services provided are effective, causing improvements in mood, motivation, and management of health.
- ❖ Counsellors should ask clients whether mental health information in a digital format is appropriate, as many clients have restricted access to phones and computers. Counsellors should also consider issues of literacy among clients, and consider giving recorded information instead.
- ❖ Helping reconnect clients with old interests is more effective for those with chronic mental health conditions, but all clients show some improvement in mood when reengaged with interests.
- ❖ A free format is essential to the success of C2bMe@home. Many clients are pensioners or have restricted access to expensive counselling services.
- ❖ A flexible program that can be tailored to individual clients' needs is highly beneficial, and allows counsellors to use their skillset in innovative ways.
- ❖ The service being provided at home is another major strength, as many clients are unable to travel due to lack of transport or health conditions.
- ❖ A regular, one-on-one counselling session allows clients to build momentum for improvement, especially when the client has issues with memory.
- ❖ Often, clients preferred C2bMe@home to other services, and found the program more effective than others.
- ❖ Publicity was identified as a flaw in the program, as few people had heard that the program was an option. Awareness should be raised with local GPs and NGOs, as well as with RACFs to expand the scope of service and increase visibility of the service in the sector.
- ❖ In-hospital visitation should be considered as a new area of expansion, as during hospitalisation is often when clients are most vulnerable.
- ❖ Expansion is necessary for the program to increase its effectiveness. Providing services in other LGAs, increasing client capacity, and training new counsellors should be considered a priority.
- ❖ Ensuring clients can access services is essential. Some clients who were referred to the program were rejected, and "slipped between the cracks". Rejection of clients should be minimised wherever possible.

"Couldn't recommend it any more. It was just great. It was just really, really great."

INTRODUCTION

The World Health Organization (WHO) (2021) define healthy ageing as developing and maintaining functional ability that enables wellbeing in older age. WHO (2021) also highlight that the outdated and ageist stereotypes of older people being frail and dependent need to be eliminated, and a focus on aligning health systems that promote healthy ageing holistically and empowering individuals needs to prevail. Although aging looks different for each person, it is vital that aged care has a focus on healthy aging and helping continue “a meaningful and dignified life” (Royal Commission into Aged Care Quality and Safety, 2021). Mental activity and social engagement are both important features of an elderly person's life and should be encouraged and supported by carers (Australian Institute of Health and Welfare, 2018).

By the year 2050, it is anticipated that approximately 3.5 million people will be accessing aged care, with 80% of people choosing to receive their care at home (Visvanathan et al., 2019). Living longer can have both positive and negative impacts; however, focusing on recovery strategies, adaptation and psychosocial health can lead to healthy ageing (World Health Organization, 2021) and improved quality of life. According to the Australian Institute of Health and Welfare (AIHW, 2013), most older people prefer to “age in place”; they prefer to remain in their own living arrangements rather than move to Residential Aged Care Facilities (RACFs), but health concerns and social reasons are major reasons for moving.

Uniting NSW.ACT provides mental health and other services across New South Wales and the Australian Capital Territory. It provides support to vulnerable and disadvantaged individuals through a number of initiatives and programs that have the overall aim of assisting people in transforming their lives. Continuing to be Me is a relatively new initiative offered by Uniting NSW.ACT that provides free support programs for older people living in aged care facilities (C2bMe) or living alone (C2bMe@home). The C2bMe and C2bMe@home program follows a person-centred model of care designed to support wellbeing and optimise functioning of older persons in residential aged care facilities or at home in the community so that they can continue to live well. Working either with older persons in RACFs or in their home, the C2bMe@home program offers in-reach services, psychological support, psychosocial education for the older person and their family and carers, and work in collaborative partnership with RACF staff and families and carers to deliver holistic service. Clients from the C2bMe program in RACFs are involved in both group and individual sessions, whereas the @home program is focused on individual sessions only, although sessions involving family members and carers are also occasionally conducted. Outcomes and strategies are, nonetheless, very similar in both versions of the program.

Research Objective

The aim of this project is to evaluate the impact of the Continuing to Be Me program in improving wellbeing of elderly participants living at home. In order to do this, the views of both clients and clinicians who referred their clients to the program were gathered and analysed.

METHODOLOGY

To address the research questions a case study approach was adopted with mixed methods being used for data collection. The use of mixed methods is justified by the case study characteristics of this project. Case studies commonly use evidence from various sources to produce a more complete and robust picture of the phenomenon being investigated (Yin, 1981), and this approach has shaped the data collection choices for the current study.

The study was cross-sectional and focused on older adults residing in the South Eastern region of NSW, Australia and who were referred to, and received support from, C2bMe@home staff in their own homes. Clinicians and support workers who referred their clients to the program were also approached to provide their perspectives on the program.

Data Collection

Client Feedback

The qualitative component of the study comprised telephone interviews with C2bMe@home clients. An interview design was chosen for clients as it would best enable a description of their experiences, using open-ended questions so that in-depth information can be collected. Also, given this group is composed of older individuals who usually do not engage as readily with surveys and who are more likely to appreciate a more personal approach, an interview method was deemed more appropriate.

Recruitment was facilitated by care managers and other staff who work directly with C2bMe@home clients and are therefore familiar with their abilities and medical history. Staff were advised on how to proceed with recruitment of program users in an ethical manner, including only inviting clients who do not present a medical condition that impacts on their ability to participate in an interview or to provide consent. Staff who initially recruited participants provided some general information about the study to clients and explained that participation was entirely voluntary. If the client expressed an interest in participating, they were asked if they consented for their telephone details to be shared with the research team, who then contacted them to provide more information. Clients had time to consider the invitation and were free to say no when the researcher called them. The researcher also gave them the option of calling back later if they felt they needed more time to consider their participation or were not available at the time. A list of 14 clients were provided to the research team by the program manager and all were contacted for participation; of those, 10 consented to and participated in an interview.

A semi-structured interview schedule was prepared prior to the interviews. This technique is based on open questions that allow researchers to provide context for understanding the participants' perspectives. The interview guide was developed to address issues identified as relevant to the research objectives and consisted of simple questions regarding participants' experiences in the C2bMe@home program.

Interviews were conducted in September 2021 and ranged in duration from 15 to 62 minutes.

Referrers' Feedback

The second stage of the study focused on quantitative data collection. A survey design was chosen for referrers as it best enables a description of trends, attitudes, knowledge and opinions of this group to be understood and many variables to be considered at the same time. It is also the most time-efficient and effective way of collecting data for a larger group and therefore best suited within the funding and time constraints of the study.

Email addresses of all referrers to C2bMe@home were obtained from the manager of the program; however, the email addresses for GP referrers were for their general practice clinic and therefore not deemed appropriate to be used for the purposes of recruitment and participation in the study. Emails were sent out by the principal researcher and were carefully worded to ensure referrers did not feel coerced or pressured to participate in the study, including making it clear that no one at Uniting NSW.ACT will have access to individual responses, ensuring their anonymity. A follow-up email was sent two weeks after the initial contact to remind potential participants of the study. A total of 23 referrers were contacted, but three of them were unreachable – one left the organisation, one was on extended leave, and one bounced back.

The surveys were divided into two sections. The first section comprised open ended questions that sought to gather information on strengths and weaknesses of the program as perceived by referrers, as well as a question that asked participants to rate the overall success of the program in improving clients' wellbeing. The second section asked referrers to consider their clients' current wellbeing based on the Personal Wellbeing Scale (PWI), as well as the contribution of the C2bMe@home program to the seven life domains assessed in the PWI. They were then asked to expand on their assessment of their clients' personal wellbeing and the impact the C2bMe@home program has had (or not) on them in an open-ended question. The survey was designed to take no more than seven to 10 minutes to complete.

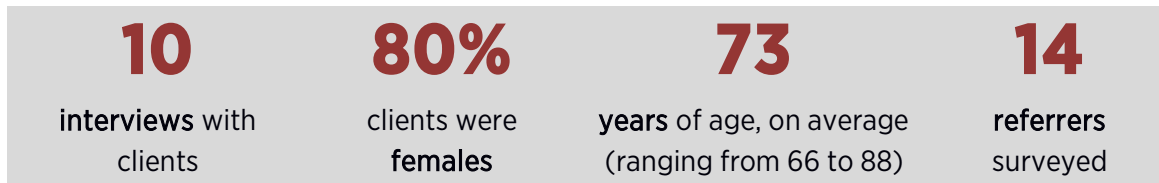
Data Analysis

In common with the majority of qualitative research, all interviews were digitally audio-recorded (Puchta, Potter, & Wolff, 2004) with the permission of each participant involved. This process enabled the collection of an accurate and unbiased record of the interviews and allowed for the use of direct quotes in the interpretation of the qualitative material. Also, this permitted the researchers to focus on the participants rather than on writing down each of the subjects' responses.

The analysis involved the transcripts being read thoroughly by the researcher who also conducted the interviews, annotating it in order to identify main themes emerging from the data (Denzin & Lincoln, 2011). A similar process occurred with the open-ended questions included in the survey and a comparison and integration of the material into coherent themes ensued subsequently.

Given the small sample size, survey data were analysed through the use of a descriptive analysis to help understand the distribution of data. PWI data from the surveys will be compared to clients' responses to the same questions in the interview, but given the different methods and small samples, this was done in a 'qualitative' (non-statistical) way, simply to gain a broader view of the program and its impact from the perspective of referrers and clients.

FINDINGS



Although C2bMe@home service criteria specify that clients are eligible if they experience mild to moderate mental health challenges, survey and interview participants described the main reasons for referral to the program as arising from recent experiences of stressful events or due to long-term health problems. Overall, results suggest that the cause for referral (as perceived by respondents) tends to have an impact on the efficacy and overall impact of the C2bMe@home program on clients' well-being, as presented in more detail below. Results are presented into five main themes that emerged from interviews and surveys, and provide insights into these matters as well as identifying the strengths and weaknesses of the program. They are: Client Recruitment, Personal Attributes of Counsellors, Counselling Services, Program Format and Growth and Expansion. A sixth theme is presented with results from the Personal Wellbeing Index, as responded by both clients and referrers.

1. Client Recruitment

Most referrers identified that the C2bMe@home program filled a gap in mental health services in NSW. One referrer stated that a gap remained between C2bMe@home and Community Mental Health Services, preventing clients from accessing care. This was due to the issues experienced by individuals being deemed above the threshold of C2bMe@home, but below other services. However, referrers and clients identified that the intervention was often timely. Clients were typically referred to the program in one of two ways:

1. Referral by a counsellor or GP after experiencing a cluster of stressful or traumatic events, including health problems, loss of a family member or spouse, or natural disaster. The most successful counselling strategy appears to be helping untangle the cluster of events and provide discussion and advice for each point.

"I've just got so many problems that for the first time in my life I just can't cope with."

"She said we can't focus on everything all at once because my mind's just going to be going round in circles."

2. Referral by a counsellor or GP after long-term physical or mental health problems. This category of clients typically does not seem to benefit as much from C2bMe@home. This is likely to do with the fact that these clients have often already been through similar programs and have consequently become "treatment resistant". In addition, it is clear that these are more complex cases given their long-term conditions and, therefore expectedly, the immediate effect of the C2bMe@home is reduced.

"I've been more or less just deteriorating over the years."

The most successful counselling strategies for these clients were those that focused on maintaining and improving functionality; making lists of achievable goals and mindfulness training were among the most successful.

Another area of client recruitment that emerged as a prominent topic in the interviews and surveys was the assessment process. Although referrers and clients tended to find the referral process simple, the paperwork involved in the assessment process was considered by several clients to be excessive. One of the major challenges faced by clients was managing applications to several programs run by the government and other NGOs.

"It really is a lot of paperwork. And to me that waste her time, wastes my time. I know that you've gotta keep records. But uhm, yeah, that's the only thing I found as a drawback."

While it is appreciated that some level of paperwork is inevitable, given the vulnerabilities of these clients it is of extreme importance that attention is paid and support is provided to support assessment processes for both clients and counsellors to achieve a higher level of satisfaction and success of the program.

2. Personal Attributes of Counsellors

Although several clients reported hesitancy at beginning the program, their concerns were quickly alleviated after only a few sessions. Hesitancy was often due to feeling overwhelmed with seeing healthcare professionals or misconceptions about mental health. One client stated initial disinterest due to personal experiences with a psychologist outside a clinical setting, but after engaging with the program had a complete shift in perspective:

"I had this mindset dealing with these people was like, it wasn't a good idea... I've got to the stage where I know I can't do without it, and I look forward to each visit."

"I said yeah, I'll give it a go, and it's really helping."

These changes in attitude were reportedly due to the counsellors' personal traits. Most notable was the high level of skill and professionalism among staff. Compassion, trustworthiness, and patience were all mentioned as being exceptional; counsellors being personable, non-judgemental, and genuine directly related to the quality of care being received and the clients' receptiveness to counselling.

"I've just found that the comfort of my own home and the ongoing care that I'm getting from [counsellors' name], who's my psychologist, invaluable. She's just, she's being able to home in on who I am and how I tick. She's just really, she's very good at what she does."

"I've grown to like her. I've grown to trust her."

Expectedly, referrers, on the other hand, tended to focus more on the proficiency of C2bMe@home counsellors than on personal traits. Clinical effectiveness, evidence-based practice, and the level of counsellors' experience were highlighted as relevant. Clients tended to affirm this, often stating that the counselling was effective. One client contrasted her C2bMe@home counsellor with one from another service, noting that good rapport and social skills were not sufficient for a good counselling service. This was in direct comparison with her present C2bMe@home counsellor, who prioritised her wellbeing.

Many clients appreciated that they could speak with a counsellor because they did not feel comfortable discussing their mental health with family or friends. The confidential nature of the sessions, and the trustworthiness of the counsellors, freed clients from social barriers to care. One client mentioned his chronic pain, and how discussing it with his counsellor helped him manage his sleep issues:

"I have no doubt she can't cure my health issues, but she helps me talk about it... I don't talk to my wife about it... and I don't talk to my kids for obvious reasons."

Another client expressed their trust in the support they were receiving:

"If ever I want to phone them up, I know that they're there for me."

3. Counselling Services

Mindfulness training and making lists of common activities to perform were mentioned as highly effective strategies for improving independence and managing depression. Several clients noted that having reminders of what they were able to achieve helped foster a positive outlook. Those suffering from chronic pain or disability found the combination helpful for alleviating pain and improving functionality. Helping clients to build up confidence through setting and achieving simple goals was highly successful.

"He just made me think of the things that I actually could do. Not dwell on what I wasn't doing."

"I can get up and make myself a sandwich."

Clients were also given mental health information in the form of printed paper, direction to apps, and contact details for other mental health services. The responses to these materials were mixed. Some clients with long-term mental health problems find they are already familiar with these approaches, and occasionally expressed a desire for new material. Whether the solution for these clients is to provide new materials or to present old materials in a new light is something worth exploring further.

Several clients mentioned using and benefiting from apps after being recommended by a counsellor. However, when providing information in a digital format, staff should ask clients if they have access to a computer or phone, or if they may prefer printed material as some clients expressed hesitancy in using

digital gadgets. Additionally, issues of literacy may arise with certain clients. In these instances, recorded material may be beneficial.

Books, music, apps, and colouring books, typically distributed to assist with managing mental health symptoms, were often mentioned as helpful. Materials that matched a client's interests and needs were more likely to be well received, fostering trust with the counsellor. Some clients were encouraged to reengage with old hobbies and interests. Clients who reconnected with old interests tended to show increased resilience and improved mood.

"I can't speak highly enough for the people. I've never felt like I was being bashed. You know, in the sense of having all this information thrown at me, we can do this, this, this for you. So, she's respected my distance in that regard."

One client was pleased to have received two books from his counsellor and reengaged with reading. Another client enjoyed showing her grandchildren a colouring book that was given to her.

4. Program Format

One of the most important traits of C2bMe@home for clients is that it is a free service. Many clients are on the pension, and several expressed scepticism or hesitation when considering counselling. If the services were not free, it is unlikely that the program would be as immensely successful as it was expressed by clients. Referrers supported this idea, stating that the program was successful at working around many of the issues of finding timely counselling, negating the need for expensive fees and long waitlists.

"But these psychologists... they're few and far between... the ones that could see me, the fees were horrendous, and I mean, I'm on pension."

Having a flexible program is very useful. As expected, clients tend to engage with the program differently, depending on their personality and attitude toward treatment. In what seems to be a deliberate and pro-active response, counsellors seem to adapt the program to the client, engaging with them as an individual, and addressing their more pressing needs. One client had urgent financial needs and was unable to find adequate assistance. Her counsellor was able to help by advocating for her, contacting appropriate services, and assisting in pushing forward applications for financial assistance. The result of this was an immediate improvement in mood:

"If you would've asked me that a couple of hours ago I would have said I'm like a walking zombie but... Yeah, I'm not too bad at the moment."

As suggested earlier, another key strength of the program is its accessibility. The simple “rapid response” referral process was considered a really positive feature of the program. The program is seen by both referrers and clients as a good way to close the gap while waiting for other services, primarily ACAT and RAS assessments and home care packages. By removing the barriers of transport, motivation, and mobility, clients are able to engage with their counsellor with ease.

“Going to a clinic or group therapies or anything like that... I don't think I could have had the staying power... I would have found all the excuses not to do it.”

Clients were also extremely grateful to have a home option for their counselling. This was largely due to issues of transport, mobility, and motivation, but comfort and privacy were also cited as benefits. Consistent one-on-one counselling at home provides much-needed social interaction for clients and provides a good setting for discussing personal issues. One referrer identified weekly contact as important for engaging with clients who have problems with memory, and stressed the importance of maintaining momentum. Combined with the high professionalism and personability of the counsellors, several clients stated that they preferred the C2bMe@home program to other equivalent programs, often choosing to continue with C2bMe@home instead of other counselling services.

“I just feel overwhelmed. Everyone means the best, everyone has given me sound advice, but I can't be all things to all people, I can only take in so much... I feel as if I can focus a bit more on what advice she's given me... I had too many people trying to help.”

Overall, referrers praised the in-home support targeting this vulnerable group of senior citizens as a welcome addition to psychological services provided by the public health system.

“The C2bMe program provides in-home support for vulnerable and often lonely people in need who benefit greatly from the personalised approach, easy accessibility and free access to quality psychological support. As a Specialist Mental Health clinician who works in a rural area, the C2bMe program as provided a much needed improvement in access and availability to psychological services for my case managed clients.”

“All report positive experiences by engaging with C2bMe. Having clinicians visit them at their home has helped the frail elderly population access psychological care that they are unable to access through the other NGO or GP pathways. Having a group of professionals dedicated to issues of older age psychological well being is of great benefit to the clients rather than seeing generalist counsellors.”

As the quotes above illustrate, when referrers were asked how they would rate the programs' overall success in improving clients' wellbeing on a scale of 0 to 10 (with 0 being no success at all and 10 being complete success), the average rating was very high at 8 points.

5. Growth and Expansion

One common theme was that of growth. Both referrers and clients alike were interested in seeing the program gain more publicity, funding, and capacity. Clients had few suggestions for how to improve the program – only that they would prefer to have more publicity, more advocacy, and less assessment-related paperwork. When asked for suggestions on how to improve the program, one client said:

“I’m just pleased that this has come about, and I hope that the government keeps it going. Because I think a lot of people would embrace this, it just needs a little bit more publicity.”

Referrers had more concrete suggestions, urging for expansion and more funding, including increasing advertising and expanding to other aged care facilities. One referrer suggested expanding to hospitals for in-ward visitation, and another suggested giving clients an option for male or female counsellors. Referrers recommend having options for extending the service to include a follow-up service after the program’s completion, as well as having options to extend the sessions. Specific regions recommended for expansion include adding more workers to the Illawarra/Shoalhaven area and Eurobodalla.

Referrers expressed some concerns about the lack of communication between stakeholders such as GPs, NSW Health, and other NGOs. Efforts should be made to increase awareness of C2bMe@home among these groups. Although the program was almost universally viewed by referrers positively, one referrer made an important criticism that was corroborated by other referrers’ suggestions: it seems that, occasionally, individuals will be referred to the program but are rejected. This poses a serious problem, as it costs time and effort for vulnerable individuals who cannot afford care elsewhere. This was viewed by the referrer as “setting them up to fail”.

6. Personal Wellbeing

Both clients and referrers were asked to consider program participants’ personal wellbeing by rating various domains of wellbeing on a scale of 0 to 10. These domains are part of the Personal Wellbeing Index, a validated tool to measure overall quality of life (Cummings, 1997) and commonly used in aged care settings. It asks questions about standard of living, health, life achievements, personal relationships, safety, future security, and sense of community. For clients, they were asked to reflect on their current wellbeing. Referrers were asked to rate their average clients’ wellbeing and then to rate C2bMe@home’s impact on their clients’ satisfaction with the seven domains of wellbeing included in the tool.

Figure 1 below provides an overview of the responses provided by each group (i.e. clients’ perceptions, referrers’ perception on average client, and referrers’ perception on impact of C2bMe@home program). Personal relationships received the highest scores from clients amongst the seven domains, while standard of living was the one ranked higher by referrers when considering their average clients. Satisfaction with their health was the domain that received the lowest scores from clients when reflecting about their current wellbeing.

When comparing the perceptions of clients with that of referrers we can see some considerable difference in the Personal Relationships domain, where clients rate their current personal relationships higher than referrers. Although variations were found in other domains, there was considerable consistency between the perceptions of clients and referrers.

When assessing the domain of quality of life that is most positively impacted by the C2bMe program, referrers indicated the clients' improvement in achieving in life, followed closely by improvements in their overall health and personal relationships. The domain that referrers felt was least impacted by the C2bMe@home program was the clients' future security.

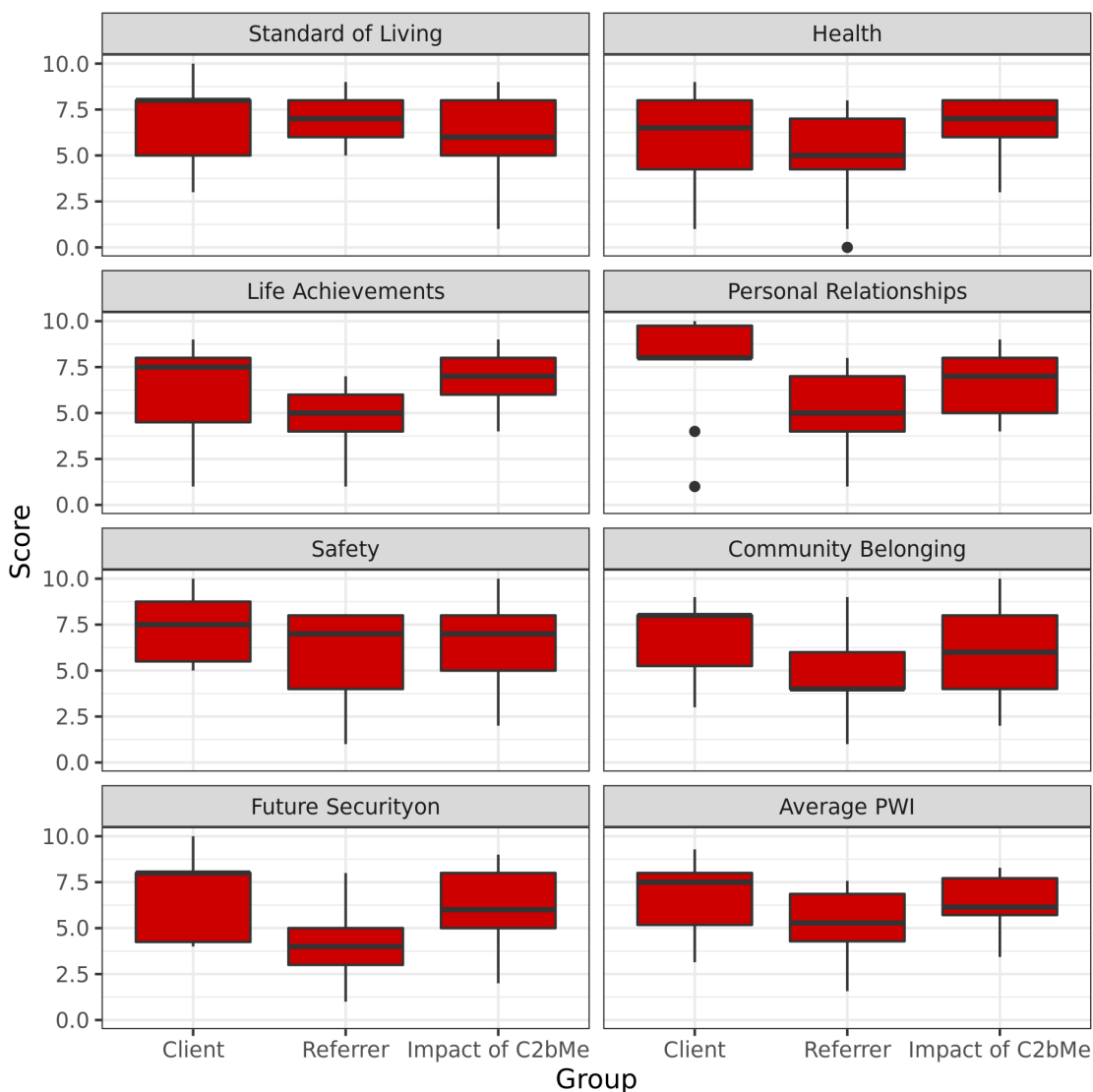


Figure 1. Boxplot¹ of Personal Wellbeing Index (PWI) scores for each quality of life domain. It includes clients' perceptions of their own wellbeing, referrers' perception of average clients' wellbeing, and referrers' perception on the impact of the C2bMe@home program on clients' wellbeing.

¹ The boxplot includes the range of scores, with the central horizontal line representing the median, and top and bottom horizontal lines representing the upper and lower quartiles, respectively. The vertical lines express the minimum and maximum scores and individual dots represent outliers.

CONCLUSIONS

Aged care services are becoming increasingly important as the Australian demographic becomes older, with a noticeable shift in demand from RACFs toward home care packages (Khadka et al, 2019). As such, it is important to develop and improve services that can be adapted to serve both current and future needs in aged care. The C2bMe@home program has proven to be an effective piece in the complex puzzle of aged care services by adopting a successful approach to providing care for seniors who are in need of mental health support beyond crisis services and who are not residents of aged care facilities but who continue to live independently in their own home. It is accessible, affordable and provides evidence-based care that is compassionate, relational and individualised. Although there is always room for improvement, this independent evaluation has demonstrated that the program has so far achieved very positive outcomes. The following statement from a referrer sums it up nicely:

The C2bMe program helps elderly and isolated clients feel less alone, and more connected with their community. It gives them much greater enjoyment in life as they have something to look forward to again each week. For many clients it is their only opportunity to have a regular connection with another human being, which is important for so many reasons including; social connection, emotional support, an opportunity to reminisce and celebrate their achievements in life, an opportunity to process the grief and loss involved in ageing, to feel part of a community again, to release built-up stress and anxiety, and to process adverse life events.

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APPENDIX A – INTERVIEW GUIDE

Hi [client], my name is [Interviewer], how are you?

Are you comfortable answering a few questions about your experiences with Continuing to Be Me? I'll need to read aloud a consent form to make sure.

Are you in a place where you feel you can talk freely?

I have a few questions to ask, but it's okay to go off topic. The purpose of this study is to hear your perspective on the program so we can improve it for others in the future. Please feel free to share as much as you like. Anything you say will only be used for the study, and your identity is completely protected.

If you have any questions at all, please feel free to ask them at any time.

Can you describe your experience with Continuing to Be Me?

- What was your initial reaction to the program?
- How did that change over time?

I'm now going to ask seven questions about how satisfied you feel, on a scale of 0 to 10. On this scale, 0 means you feel no satisfaction at all, and 10 means you feel completely satisfied. Would you like me to repeat this for you?

In that case, I will start by asking how satisfied you are with your life. So (refer to the test items below).

- How satisfied are you with your standard of living?
- How satisfied are you with your health?
- How satisfied are you with what you are achieving in life?
- How satisfied are you with your personal relationships?
- How satisfied are you with how safe you feel?
- How satisfied are you with feeling part of your community?
- How satisfied are you with your future security?

Do you feel that the C2bMe program has impacted in any way your responses above?

- If so, in what way?
- Can you tell me about a time when you used the knowledge or skills from the program?

Is there anything else you'd like to say about Continuing to Be Me? Any comments, criticisms, or suggestions are welcome.

Thanks for your time, I really appreciate it. I've enjoyed hearing your perspective.

APPENDIX B – REFERRERS' SURVEY

Consent

Thank you for taking the time to complete this survey. This study aims to evaluate the effect of the C2bMe program on clients' wellbeing. By participating in this study, you will be providing valuable information that will inform the further development and enhancement of this and similar programs supporting older persons' wellbeing. The survey should take up to 10 minutes to complete.

Consent Form

Please indicate your consent below if you agree to these terms.

Project Title: Evaluation of the Continuing to be Me program.

This study has been approved by the Human Research Ethics Committee at Western Sydney University. The ethics reference number is: H14593

I hereby consent to participate in the above-named research project. I acknowledge that:

- I have read the participant information sheet (or where appropriate, have had it read to me) and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s
- The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.

I consent to:

- Participating in a survey
- I consent for my data and information provided to be used in this project and other related projects for an extended period of time.

I understand that my involvement is confidential and that the information gained during the study may be published and stored for other research use but no information about me will be used in any way that reveals my identity. I understand that I can withdraw from the study at any time without affecting my relationship with the researcher/s, and any organisations involved, now or in the future.

Participation in this survey is taken as confirmation of consent to the above as well as confirmation that you're over 18 years of age and that you are a Uniting NSW.ACT staff member working or who has worked in the C2bMe program and who has had direct contact with at least one client in the past 6 months.

Do you consent to all stated above?

Yes

No

Section 1

The first section relates to your personal impression of C2bMe. Please write as much or as little as you like in response to each question.

What do you think are the main strengths of the C2bMe program in supporting clients' wellbeing?

What do you think could be improved in the C2bMe program to better support clients' wellbeing?

Please think about the overall success of C2bMe in improving clients' wellbeing. How would you rate the program on a scale of 0 to 10, with 0 being no success at all, and 10 being complete success?

Success Rating 0 1 2 3 4 5 6 7 8 9 10

Section 2

The next section relates to your clients in the C2bMe program. Think about your average client when answering these questions.

Please answer the following on a scale of 0 to 10, with 0 being no satisfaction at all, and 10 being complete satisfaction.

For your average client, how satisfied do you believe they are with...

Their standard of living? 0 1 2 3 4 5 6 7 8 9 10

An evaluation of the impacts of the C2bMe@home program on clients' wellbeing

Their health?	0	1	2	3	4	5	6	7	8	9	10
What they are achieving in life?	0	1	2	3	4	5	6	7	8	9	10
Their personal relationships?	0	1	2	3	4	5	6	7	8	9	10
How safe they feel?	0	1	2	3	4	5	6	7	8	9	10
How they feel as part of their community?	0	1	2	3	4	5	6	7	8	9	10
Their future security?	0	1	2	3	4	5	6	7	8	9	10

Again, on a scale of 0 to 10, with 0 being not at all and 10 being great impact, how much do you think the C2bMe program positively impacts on your clients' satisfaction with...

Their standard of living?	0	1	2	3	4	5	6	7	8	9	10
Their health?	0	1	2	3	4	5	6	7	8	9	10
What they are achieving in life?	0	1	2	3	4	5	6	7	8	9	10
Their personal relationships?	0	1	2	3	4	5	6	7	8	9	10
How safe they feel?	0	1	2	3	4	5	6	7	8	9	10
How they feel as part of their community?	0	1	2	3	4	5	6	7	8	9	10
Their future security?	0	1	2	3	4	5	6	7	8	9	10

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Thank you for taking the time to complete this survey. If you have any questions or concerns about this survey or this study more broadly, please feel free to contact Dr Arianne Reis, Chief Investigator and Senior Lecturer at Western Sydney University, at a.reis@westernsydney.edu.au